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CONFIRMATION NO. 8823

SERIAL NUMBER 09/737,402	FILING DATE 12/15/2000 RULE	CLASS 027	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. 99-40264 US
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APPLICANTS

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**** CONTINUING DATA ******* *YES ✓*
 This appln claims benefit of 60/171,141 12/16/1999

**** FOREIGN APPLICATIONS ******* *NONE ✓*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 02/20/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
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ADDRESS
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TITLE
 Shrink-wrap casket shield

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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